



The Commonwealth of Massachusetts

Division of Professional Licensure Office of Public Safety and Inspections

1000 Washington Street, Suite 710

Boston, Massachusetts 02118

Phone (617) 727-3200

Fax (617) 727-1944

REQUEST FOR DUPLICATE LICENSE RENEWAL FORM

Please complete this form and mail to the address identified above, attention:
Request for Duplicate Renewal Form.

OR

For immediate assistance, please email this completed form to dpsinfo@state.ma.us with the subject line:
Request for Duplicate Renewal Form.

It is a licensee's responsibility to ensure that his\her license is current and valid, renewed during the normal cycle or allotted grace period. With the exception of the construction supervisor license (CSL), licenses that are not renewed during allotted periods shall become *void* and shall, after one year, be reinstated only by new application and re-examination.

Contact Lisa Barros @ Elizangela.Barros@mass.gov for information about extended time periods allowed for construction supervisor licenses (CSL).

Please neatly print requested information below.

Name: _____

License Number: _____

Expiration Date: _____

Type of License: _____

Would you like to have your renewal form forwarded via email? ☐ Yes ☐ ~~No~~

Please provide an accurate email or postal mailing address below.

Email Address: _____

Postal Address: _____